

EXHIBIT 4

**To
PLAINTIFF'S LOCAL RULE 56.1(b)(3)(C) STATEMENT OF ADDITIONAL FACTS
REQUIRING DENIAL OF THE CITY'S MOTION FOR PARTIAL SUMMARY
JUDGMENT**

March 15, 2016

Case No. 14-CV-4391

May-14-06 23:31 From: AREA 5 DETECTIVE

1 312 746 6172

T-884 P.002/004 F-481

1. CLASSIFICATION (Check One)				2. BEAT/UNIT ASSIGN. 1623		3. BEAT OCCU 2533	
<input checked="" type="checkbox"/> 5089 ACCIDENTAL INJURY	<input type="checkbox"/> 5086 ATTEMPTED SUICIDE NOT IN POLICE CUSTODY	<input type="checkbox"/> 5085 SUICIDE NOT IN POLICE CUSTODY	<input type="checkbox"/> 5088 INJURY TO CITY EMPLOYEE	<input type="checkbox"/> 5083 AED USE		<input type="checkbox"/> 5079 MENTAL HEALTH TRANSPORT	
<input checked="" type="checkbox"/> 5084 DEATH	<input type="checkbox"/> 5102 ATTEMPTED SUICIDE IN POLICE CUSTODY	<input type="checkbox"/> 5101 SUICIDE IN POLICE CUSTODY	<input type="checkbox"/> 5087 INJURY TO CITIZEN ON PUBLIC PROPERTY				
6. ADDRESS OF OCCURRENCE 2004 N LAPORTE APT. NO. 41				7. DATE OCCURRED, TIME 14 MAY 05: 10:30		8. DATE REPORTING OFFICER ARRIVED, TIME 14 MAY 05: 18	
9. VICTIM'S NAME DANCY, JAQUAIR		SEX: M	RACE: P	AGE: 104	10. HOME ADDRESS 2004 N LAPORTE APT. NO. 41		11. HOME PHONE 773 622 7989
13. PERSON REPORTING INCIDENT TO POLICE HOSPITAL OLK		SEX/RACE CODE	14. HOME ADDRESS		15. HOME PHONE		16. BUSINESS PHONE
17. PERSON DISCOVERING VICTIM DANCY, STAVON		SEX/RACE CODE	18. HOME ADDRESS 2004 N LAPORTE APT. NO. 41		19. HOME PHONE 773 622 7989		20. BUSINESS PHONE
21. NAMES OF WITNESSES HARRIS, NICOLE		SEX/RACE CODE	22. HOME ADDRESS 2004 N LAPORTE APT. NO. 41		23. HOME PHONE 773 622 7989		24. BUSINESS PHONE
25. TYPE PREMISES WHERE OCCURRED (VICTIM FOUND) Apartment				LOCATION CODE 090	26. CAUSE OF INJURY (INSTRUMENT OR MEANS) police preliminary arrest		27. REASON (ACCIDENT, ILL HEALTH, ETC.) Accident
28. REMOVED BY EMS #52				29. REMOVED TO OLK		30. NAME OF MED. EX. AUTHORIZING REMOVAL (DEATH/SUICIDE ONLY) COLLINS #38	
31. SOBRIETY OF VICTIM (Check One) <input checked="" type="checkbox"/> 1 SOBER <input type="checkbox"/> 2 HBD <input type="checkbox"/> 3 INTOX.		32. EXTENT OF INJURIES (Check One) <input type="checkbox"/> 1 MINOR <input type="checkbox"/> 2 SERIOUS <input checked="" type="checkbox"/> 3 FATAL		33. FIRST AID GIVEN BY POLICE <input type="checkbox"/> 1 YES <input checked="" type="checkbox"/> 2 NO		34. MEDICAL AID REFUSED BY VICTIM <input type="checkbox"/>	
35. NAME AND ADDRESS OF ATTENDING PHYSICIAN Dr. Donahue - OLK				36. PROP. INVENTORY NO. dna			
37. FAMILY MEMBER NOTIFIED (DEATH/SUICIDE ONLY) HARRIS, NICOLE		NOTIFIED BY LOPEZ		STAR NO. 15099		<input checked="" type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE	
38. AREA DETECTIVE NOTIFIED (DEATH/SUICIDE ONLY) DET MONTICCA # 20778		NOTIFIED BY ANSILIO		STAR NO. 13917		39. D.E.C. EVENT NO. 15597	
40. NARRATIVE (THE INDICATED SOBRIETY OF VICTIM OR WITNESSES IS THE APPARENT CONDITION, WHEN REPORTED)							
<p>In Summary: VICTIM'S father states to R/O that he was at home alone with his two sons. They were being punished for leaving the apartment without permission in the backyard earlier in the day. Victim's father, Mr. STAVON DANCY, told his sons to stay in their bedroom. Mr. DANCY didn't hear any noise coming from their bedroom and decided to check on his two boys. He looked into the bedroom and noticed victim (JAQUAIR) on the floor next to the bunk bed. His son JAQUAIR was not responsive, he picked him up and placed him on the bed. Mr. Dancy</p>							
I HAVE READ THIS REPORT AND BY MY SIGNATURE INDICATE THAT IT IS ACCEPTABLE.						<input checked="" type="checkbox"/> CONTINUED ON REVERSE SIDE	
41. EXTRA COPIES REQUIRED (NO. & RECIPIENT)		42. DATE INVESTIGATION COMPLETED DAY: MAY YEAR: 05		43. SUPERVISOR APPROVING		STAR NO.	
44. REPORTING OFFICER (Print or Type) H. Lopez STAR NO. 15099		45. REPORTING OFFICER (Print or Type)		SIGNATURE			
SIGNATURE		SIGNATURE		DATE DAY MONTH YEAR TIME			

CPD-11.406 (REV. 1/04) RACE CODES: 1 - BLACK, 2 - WHITE, 3 - BLACK HISP, 4 - WHITE-HISP, 5 - AMER. INDIAN/ALASK. NAT., 6 - ASIAN/PACIF ISL

May-14-05

23:31

From-AREA 5 DETECTIVE

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T-884 P.009/004 F-481

noticed an elastic material wrapped around his son's neck
 elastic material in from the blue bedsheet. Mr Jancy
 says phone in apartment was not working, he rushed outside
 with both of his sons and was met by the mother (Nicole Harris
 the drove for a block and didn't know where the nearest hospital
 was located, they waved down someone with a cell phone. EMS #52
 arrived on the scene (Amenity (LaCrosse) at 1712 hrs and transported
 victim to OLR. Victim pronounced at 1815 hrs. by Det. Jancy
 R/O observed ligature mark and victim neck.

Identification: 1030, 11671 bti. 5537. ASVC. Crime Lab, M.E.
 M.E.'s case # 239 MAY 05. 1st. deputy. w/c
 w/c 025, det. WO * 20237, det Day * 209
 1st deputy - Kuc * 13640
 E.T. 9457, took photos of Mr. Jancy while at OLR
 and per 9457 photos of victim will be taken at
 M.E.'s. bti 9441 is processing address of
 occurrence.

HAVE READ THIS REPORT AND BY MY SIGNATURE INDICATE THAT IT IS ACCEPTABLE		SUPERVISOR'S SIGNATURE		STAR NO.	DATE (DAY-MO-YR)
FOR USE BY BUREAU OF INVESTIGATIVE SERVICES ONLY					
UCR OFFENSE CODE <input type="checkbox"/> 1 CORRECT <input type="checkbox"/> 2 REVISED	REV. CODE	METHOD ASSIGNED <input type="checkbox"/> 1 FIELD <input type="checkbox"/> 2 ADMIN. <input type="checkbox"/> 3 SUMMARY	UNIT NO.	OFF. ASSIGNED STAR	DATE ASSIGNED
INVESTIGATIVE FILE <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO	VICTIM IDENTIFIERS <input type="checkbox"/> 1 CORRECT <input type="checkbox"/> 2 REV.	VICTIM NO.	REV. NAME	REV. PHONE NO. <input type="checkbox"/> HOME <input type="checkbox"/> BUS.	
EV. ADDRESS 61714 24	STATUS <input type="checkbox"/> 3 CLRD. CLOSED <input type="checkbox"/> 4 CLRD. OPEN <input type="checkbox"/> 5 EXC. CLRD. CLOSED <input type="checkbox"/> 6 EXC. CLRD. OPEN <input type="checkbox"/> 7 CLOSED - NON-CRIMINAL		R.D. NO.		
CASE IS CLEARED, HOW CLEARED (US THIS)		BOX FOR SINGLE CLEARUP OR FIRST CLEARUP OF MULTIPLE CLEARUP LIST		ADULT JUV.	
<input type="checkbox"/> 1 ARREST & PROSECUTION <input type="checkbox"/> 2 DIRECTED TO FAMILY COURT		<input type="checkbox"/> 3 COMPL. REFUSED TO PROSECUTE <input type="checkbox"/> 4 COMMUNITY ADJUSTMENT <input type="checkbox"/> 5 OTHER EXCEPTIONAL			
MARKS					
PREPARED BY - SIGNATURE	STAR NO.	DATE (DAY-MO-YR)	APPROVED BY - SIGNATURE	STAR NO.	DATE (DAY-MO-YR)

CITY0000395